

Advancing pharmacy practices in vaccination: Reaching at-risk and vulnerable groups

Report from a FIP
insight board

2024



FIP Development Goals



International
Pharmaceutical
Federation

Colophon

Copyright 2024 International Pharmaceutical Federation (FIP)

International Pharmaceutical Federation (FIP)

Andries Bickerweg 5
2517 JP The Hague^{SEP}
The Netherlands
www.fip.org

All rights reserved. No part of this publication may be stored in any retrieval system or transcribed by any form or means – electronic, mechanical, recording, or otherwise without citation of the source. FIP shall not be held liable for any damages incurred resulting from the use of any data and information from this report. All measures have been taken to ensure accuracy of the data and information presented in this report.

Authors:

Hanadi Alolimi, FIP programme coordinator —equity
Nour Eltahla, FIP projects coordinator for equity, sustainability policy and development
Samira Majzoub, FIP intern, Syria
Rúben Viegas, FIP practice development and transformation projects coordinator

Editor:

Catherine Duggan, FIP CEO

Recommended citation

International Pharmaceutical Federation (FIP). Advancing pharmacy practices in vaccination: Reaching at-risk and vulnerable groups. Report from a FIP insight board. The Hague: International Pharmaceutical Federation, 2024

Cover image: © iStock | [istockphoto.com](https://www.istockphoto.com)

Contents

Acknowledgements	4
Insight board participants	5
1 Introduction	6
2 Successful strategies and considerations in delivering vaccines to at-risk groups	7
2.1 Vulnerability identification	7
2.2 Effective communication	7
2.3 Literacy and raising awareness	8
2.4 Building trust	8
2.5 Pharmacy education and training	9
3 Barriers to providing vaccines to at-risk or vulnerable individuals	10
3.1 Access	10
3.2 Vaccine hesitancy	10
3.3 Pharmacy education	11
3.4 Policy limitations	11
3.5 Lack of representation of vulnerable groups	12
4 Important vaccines for at-risk groups	13
4.1 Health status	13
4.2 Age 13	13
4.3 Location	13
4.4 Economic factors	13
5 Role of pharmacists in serving at-risk populations	15
5.1 Awareness and education	15
5.2 Collaboration with other stakeholders	16
5.3 Reaching all parts of the community, including vulnerable groups	17
6 "Reaching at-risk and vulnerable groups: Pharmacy's role in inclusive vaccination" - Digital event summary	18
7 Conclusion	20
8 References	21

Acknowledgements

FIP acknowledges the input from all participants, moderators, staff and interns who contributed to the delivery of this international insight board report.

FIP acknowledges the support through unrestricted funds from Pfizer.



Insight board participants

Co-chairs		
Dalia Bajis	FIP lead for provision and partnerships	FIP team

Facilitators		
Nour Eltahla	FIP projects coordinator for equity, sustainability policy and development	FIP team
Hanadi Al Olimi	Programme coordinator for equity	FIP team

Note takers		
Sherly Meilanti	FIP data and intelligence specialist	FIP team

Insight board participants		
Jaime Acosta	FIP Community Pharmacy Section secretary	Spain
Leticia Caligaris	Pharmacist, Ministry of Defence	Uruguay
Alexandre Chadi	Community pharmacist and clinical instructor, Faculty of Pharmacy, Montreal University	Canada
Luna El Biziri	Executive committee member, FIP Health and Medicine Information Section	Lebanon
Hannelie Meyer	Head of the South African Vaccination and Immunisation Centre at Sefako Makgatho Health Sciences University	South Africa
Lisa Nissen	Programme director — health workforce optimisation, Centre for Business and Economics of Health, Faculty of Business, The University of Queensland	Australia
Sachiko Ozawa	Associate professor at the University of North Carolina, Eshelman School of Pharmacy	USA
Gonçalo Sousa Pinto	Lead for practice development and transformation	FIP team
Lois Privor-Dumm	Senior advisory, policy and advocacy, director adult vaccines at Johns Hopkins Bloomberg School of Public Health, International Vaccine Access Center	USA
Anna Sangster	Director, policy, advocacy and innovation at International Federation on Ageing	Canada

1 Introduction

Communities are composed of different types of population groups. While each population group has its own unique needs, vaccination is a necessity for all, especially for at-risk and vulnerable groups, including children, older adults, pregnant and breastfeeding women, gender-diverse groups, people with low socioeconomic status, and people with disabilities, mental illnesses or rare conditions. At-risk and vulnerable population groups are defined as a population that has specific characteristics that make them at higher risk for poor health status and healthcare access due to various factors such as their social, economic, geographic or physical circumstances.

Although vulnerable individuals may be grouped under the same category, it is imperative to acknowledge the varying healthcare needs that each individual may require. By recognising these differences, healthcare providers, including pharmacists, can provide care in a tailored approach to meet their specific needs, such as administering specific vaccines. This will lead to better healthcare outcomes and an improved quality of life.

The World Health Organization (WHO) Immunisation Agenda 2030 aims to leave no one behind in any situation or at any stage in life by ensuring equitable access and use of new and existing vaccines through inspiring and aligning the activities of community, national, regional and global stakeholders.¹ As the global body for pharmacy, the International Pharmaceutical Federation (FIP) has an opportunity to join efforts and demonstrate the key roles pharmacists play in promoting and enhancing vaccination.

FIP has a vision of a world where everyone benefits from access to safe, effective, quality and affordable healthcare services, including vaccination. Thus, it is [FIP's mission](#) to support global health by enabling the advancement of pharmaceutical practice, sciences and education. In 2020, FIP launched its [21 Development Goals](#) (DGs), which align with its mission, intending to advance the pharmacy profession globally, regionally and nationally. Of the 21 FIP DGs, vaccination is linked to 17 of them, which indicates the significance of vaccination to global health.

During an insight board hosted by FIP in October 2023, experts in pharmacy and immunisation joined to discuss ways of improving vaccination for at-risk and vulnerable population groups. The experts at the insight board addressed the following questions:

- What are the unique considerations in delivering vaccinations to at-risk or vulnerable groups, and what strategies have worked for you?
- Have you encountered any specific barriers in providing vaccines to at-risk or vulnerable individuals, and how have you tackled these obstacles?
- In your opinion, how can pharmacies and pharmacists better collaborate with community organisations to serve at-risk or vulnerable populations?
- Are there specific vaccines that are particularly vital for at-risk or vulnerable groups, and how should their administration be prioritised?

This report provides a summary of the insight board discussion as well as the key insights that were shared. It should be noted that the views expressed during the insight board are those of the individuals based on their expertise and experience. They do not represent FIP policy or positions, although they may build on existing positions and statements.

2 Successful strategies and considerations in delivering vaccines to at-risk groups

The discussion started by identifying the successful strategies that could be used to better deliver vaccines to at-risk and vulnerable populations as well as the key considerations that need to be taken into account. Several key themes emerged.

2.1 Vulnerability identification

Participants mentioned that in order to tailor approaches to at-risk and vulnerable groups, it is important to first identify the types of vulnerabilities and where they stem from. A vulnerable population is a multifaceted broad group with different types of vulnerabilities. Thus, it is imperative to identify the type of vulnerability for each individual and recognise the factors that increase their risk of developing diseases and restrict access to vaccination. These vulnerabilities can be due to age, disease status, socioeconomic status or physical location, which could limit access to healthcare, underlying health conditions and many more other different factors. After identifying vulnerable patients, healthcare professionals need to ensure that patients know they might fall into this population group through effective communication and education to raise their awareness of possible health risks.

“In terms of reaching vulnerable groups, you have to first think about what makes a particular group vulnerable and there’s a lot of differences in definition”.

Considering the differences between vulnerable individuals, strategies for delivering healthcare should be tailored to meet their specific needs. By adopting a patient-centred approach, healthcare professionals, including pharmacists, can promote the administration of specific vaccines to individuals and enhance their health outcomes.

“Strategies need to be individualised, so there’s no one strategy. There are many strategies that can work for many different people. So, I think that the big underlying question is who really is at risk. I find that a lot of people don’t consider themselves as at risk, so a lot of the time as pharmacists, we must encourage people — not stereotypes or statements.”

Participants also noted that to promote vaccination for at-risk and vulnerable individuals, it is essential to enhance the accessibility and affordability of vaccines. It could be that a certain population is vulnerable due to their inability to afford healthcare and vaccines. Therefore, the strategies and methods tailored to these populations can be very different from those used with other groups that are vulnerable for different reasons.

2.2 Effective communication

Another important concept highlighted to better deliver vaccines to at-risk groups is effective communication with patients and the public, particularly to educate and raise awareness of the value of vaccines. Participants emphasised diverse approaches for engaging various segments within a community. Notably, distinct age groups exhibit preferences for either traditional printed communication or digital channels to access relevant information. Younger demographics frequently turn to digital platforms for information retrieval and targeted communication, while older populations often prefer printed materials disseminated by healthcare providers. Additionally, it is crucial to consider that underserved communities may lack access to digital outlets, underscoring the importance of tailoring strategies and methods to ensure equitable provision of vaccine-related information to all segments of the population.

“They [underserved communities] get missed in things that are purely digital whether it’s social media or online.”

Another important aspect highlighted was the need for informal conversations with at-risk groups to better tailor the approach used for educating, raising awareness, and safeguarding these vulnerable populations.

“I think that providing information and initiating dialogues are truly effective methods, emphasising the community aspects of vaccinations and how they protect others.”

“We’re not just talking about vaccination; we’re talking about preventive care. We’re discussing not just individuals, but the impact on their families. Through these open and honest conversations, we find a segue to offer services, including screenings and vaccinations, among others.”

2.3 Literacy and raising awareness

One of the strategies that participants mentioned to better deliver vaccines to at-risk groups is through addressing the different health literacy levels that exist within a community.

“We have to adapt our way of communicating with the patient to their literacy level.”

“A lot of older adults don’t know that they’re at increased risk. They don’t know which vaccines are recommended for them as an older person and there’s a lack of awareness before even access issues.”

An example was mentioned regarding individuals taking antidiabetic medication who may not fully comprehend their vulnerability to certain health risks. Adapting communication strategies is essential to ensure these at-risk individuals understand the importance of vaccines and their health situation.

Conveying health messages in clear and straightforward language is crucial to ensure patients grasp the advantages of vaccines for both their own well-being and that of others. Consideration of language and cultural competence and ensuring they match patients’ health literacy levels is equally vital when customising approaches for these individuals.

“It’s important to try to make them understand that there are some characteristics that make them [at-risk groups] more at risk of having disease.”

One participant also mentioned the role of digital literacy and its links to vaccination. In some countries, it may be difficult for an individual with low digital literacy to access vaccination services. Therefore, ensuring that digital literacy is also taken into account when setting policies and strategies in place is also crucial.

“As pharmacists, our ability to communicate effectively is crucial, especially with older patients who may not be technologically savvy, limiting their information access. The human touch becomes particularly important in such cases. Considering their limited technological proficiency, we have observed challenges in booking vaccine appointments online. We often find that patients appreciate us assisting them in scheduling appointments.”

2.4 Building trust

Pharmacists, uniquely positioned to be the most accessible healthcare professionals to the community, establish good relationships with their patients not only by providing required healthcare services but also by showing interest in the well-being and safety of their patients. Although patient safety is the main purpose of vaccination, patients face barriers that impede them from getting vaccinated. Therefore, to overcome those challenges, pharmacists must prioritise building trust and confidence in vaccination by ensuring they, themselves, are knowledgeable and confident in addressing any concerns or obstacles that patients may have.

“In terms of low- and middle-income country context, I want to note that oftentimes pharmacists don’t have the ability to vaccinate, and advocacy and education become a lot more important in those contexts. Making sure that community pharmacies can reach different vulnerable populations in their communities where there is trust in educating individuals about vaccinations and reaching them where the regular health system can’t reach them is essential.”

Establishing and maintaining trust between a healthcare provider and a patient is crucial and can be influenced by the provider's attitude when responding to a patient's inquiry about a specific vaccine.

“They’re genuinely committed to following your advice because they understand its crucial significance to their healthcare. If they approach you, inquiring whether they should receive the pneumococcal vaccine due to reminders from their pharmacy or doctor, responding with uncertainty, such as saying, ‘No, I don’t really know much about vaccines’, may dissuade them. Patients tend to be influenced by specialists’ opinions, and expressing any ambivalence about vaccines is discouraged, as they interpret such remarks with particular attention.”

2.5 Pharmacy education and training

Pharmacy education and training was identified as one of the key strategies that could facilitate the delivery of vaccines to at-risk and vulnerable groups. Participants emphasised the need to incorporate comprehensive vaccine education and training into pharmacy curricula. This extends beyond the scientific aspects of each vaccine to encompass addressing vaccine confidence, identifying vulnerable and at-risk groups, and devising effective methods and strategies to enhance vaccine uptake within their respective communities.

3 Barriers to providing vaccines to at-risk or vulnerable individuals

Participants discussed the existing barriers that hinder the delivery of vaccines to vulnerable groups.

3.1 Access

At-risk and vulnerable groups might not have immediate access to healthcare services, including vaccination, due to a variety of factors. An example that emerged during the discussion was about the physical location of vaccine centres, which might be situated in areas that pose challenges in terms of accessibility.

“From our perspective in the delivery of vaccines for older people, the environment is a big factor, understanding where older people are and how to get to them. Older people often live in more rural settings than city settings.”

The socioeconomic status of patients can act as an additional barrier to vaccination accessibility, hindering their ability to afford the costs of vaccines or even the costs of transportation to reach their vaccination services.

“Some vaccines are not reimbursed, or some patients do not have access to that with reimbursement. It is sometimes financially difficult.”

Participants declared that vulnerable individuals might have limited access to their vaccines because of the absence of their required vaccines in their country’s vaccination programme. This could be attributed to either a lack of demand for the vaccine or financial constraints preventing the provision of those vaccines to underserved populations within their country.

“So, for instance, the pneumococcal vaccine might not be listed on your standards and guidelines because there wasn’t previous demand. These vaccines are not available in the country, for example, or within the programme. You look at that whole access issue.”

Another important point is that standardising healthcare services among all individuals might not comply with the requirements of vulnerable individuals, resulting in inequitable access to healthcare and, eventually, poor health outcomes. It was noted that governments often fail to identify vulnerable groups, as was evident during the COVID-19 pandemic, particularly those with no legal status in the country.

“One barrier that we found during COVID that revealed a whole pile of other issues is people having government identification or standard identification that people would use to access healthcare.”

In terms of barriers to accessing vaccines, it is also critical to emphasise the impact of inadequate provision of accurate vaccines education and information, particularly to vulnerable individuals who already experience disparities and inequalities in terms of awareness and education. This lack of knowledge can result in vaccine hesitancy by fostering misconceptions and fear about vaccines, thereby further hindering vaccine accessibility.

3.2 Vaccine hesitancy

Another primary obstacle to vaccination is vaccine hesitancy, which can impede individuals from getting vaccinated for a variety of reasons. This hesitancy may stem from diverse sources, including personal beliefs, cultural influences and exposure to misleading information. As previously stated, the dissemination of misinformation regarding the safety, efficacy and adverse effects of vaccines, particularly via social media platforms, has the potential to misguide individuals

and obstruct their willingness to receive vaccinations. This was highlighted when a participant made an example that took place in Lebanon.

“We have a big tendency in Lebanon to fear the flu vaccine because of misinformation on social media. It has a very bad influence on people such as telling people that you cannot have the two vaccinations, the flu and the COVID-19 vaccine.”

Misinformation and misconceptions can have a greater impact on those at-risk and vulnerable groups specifically, due to their distinct healthcare requirements including vaccines that differ from standard healthcare services and vaccination programmes.

Vaccine hesitancy might also arise from the lack of awareness and understanding of the benefits of vaccines that extend beyond simply preventing diseases such as ensuring safety of individuals as well as the community and preventing severe complications and health-related issues. This lack of awareness of the broader benefits of vaccination may contribute to individuals’ hesitation to receive vaccines, resulting in poor health outcomes, particularly to underserved populations who already experience disparities and inequalities in terms of awareness and education.

“There is a problem specifically with those that have non-communicable diseases such as cancer or asthma. There is a misconception and misunderstanding about the relations of the safety of vaccines and their health situation.”

Additionally, numerous barriers were identified that impede the role of pharmacists in addressing vaccine hesitancy and enhancing vaccine confidence in patients. Those include the time required for pharmacists to address vaccine hesitancy and lack of awareness of the role of pharmacists as educators and reliable sources for health information.

3.3 Pharmacy education

It is well known that pharmacists play a key role in guiding and educating patients. Pharmacy education can be used as a strategy to empower pharmacists in their role in improving the administration of vaccines to at-risk and vulnerable groups. However, if this education and training are not provided to pharmacists, it may result in pharmacists being hesitant themselves, thereby affecting the trust of patients in them.

“And if pharmacists themselves are not comfortable with vaccination because they’re not educated and because they don’t have as much information, then that would become a huge barrier.”

3.4 Policy limitations

Undoubtedly, there is a variety of issues that serve as barriers to vaccine administration for at-risk and vulnerable individuals. A major restriction to vaccination that could be adjusted is the policy that prohibits pharmacists from administering vaccines to those with vulnerabilities. A participant mentioned that in Lebanon pharmacists have a limited role in vaccine administration.

“In Lebanon, we are not officially allowed to give vaccines.”

Another participant revealed that in Spain pharmacists are also not allowed to vaccinate.

“Of course, we do not have the legal capacity in Spain to vaccinate, so that’s a very big barrier that we try to overcome in Madrid, building a scheme that’s for the first time allowed pharmacists to vaccinate.”

One participant mentioned a challenge that might affect health workers who vaccinate, which is their inability to administer vaccines once vaccination season concludes due to the reduced demand for vaccines.

“The challenge has now been that the emergency orders and other things that are in place have just finished. And now those health workers can’t vaccinate anymore. So, we’ve just finished the flu season. They’ve been able to vaccinate, and now they can’t. And so, we’re racing to try and get that as a continued practice.”

Another barrier that impacts both patients and pharmacists is the lack of access of pharmacists to vaccination records. Without such access pharmacists might not be able to identify individuals who missed their vaccinations or who need follow-up vaccinations. This will lead to confusion for patients as well as increase the likelihood of errors. A participant highlighted the empowered role of pharmacists in promoting vaccinations if this barrier were to be addressed.

“When pharmacists see that a person is collecting medicines for a given condition or belongs to a group and they see that the vaccine hasn’t been there or they’re not up to date or they haven’t received the vaccines, they can benefit the most and take the opportunity to intervene and to administer those vaccines.”

Another aspect that hinders the provision of vaccinations to individuals, including vulnerable groups, is the lack of collaboration between healthcare providers in vaccination campaigns. This absence of collaborative efforts within the healthcare sector presents a barrier to the administration of vaccines, making the vaccination process complicated, particularly among underserved populations.

“Other barriers include the complexity of vaccination pathways that we see, especially for some of these groups. So often people need to go to their general practitioner or their primary care doctor to get a prescription, go to the pharmacy to get the vaccine, go back to another provider that can administer the vaccine.”

A participant revealed that the policy of exclusively allowing vaccine administration through general practitioners or with a subscription restricts vulnerable groups from accessing vaccines, further worsening the inequities faced by underserved populations and increasing their vaccine hesitancy.

“These are not hesitant people. These were people who were willing to get vaccinated, but they just faced such a complexity, structural complexity in terms of pathways. And I think if you grant pharmacists not only the administration but also the prescribing authority, you can simplify those pathways so much by clearly defining eligibility criteria and clinical guidelines in terms of who should be receiving this vaccine.”

3.5 Lack of representation of vulnerable groups

As previously highlighted, there is a necessity to identify vulnerable groups in order to ensure their healthcare needs are adequately addressed. One significant obstacle in providing vaccinations to vulnerable groups is the lack of representation within advisory bodies. Failing to acknowledge the healthcare requirements of these groups, such as excluding them from the vaccination programme or not allocating funds for their specific vaccinations, will adversely affect their overall health and well-being. One participant presented the findings of a study conducted by the International Federation on Ageing, which shed light on the lack of representation of older adults.

“The International Federation on Ageing conducted a study that identified clearly that was an under-representation of geriatricians or specialists in older persons and adult vaccinations in those groups, which leads to adult vaccination being not as prominent.”

4 Important vaccines for at-risk groups

Although vaccines are recommended for everyone, some individuals may face an increased susceptibility to specific diseases due to various factors.

4.1 Health status

It is crucial to emphasise that individuals with chronic health conditions are at a higher risk of experiencing severe complications from vaccine-preventable diseases, such as respiratory diseases. Therefore, it is of great importance for at-risk individuals to ensure they are regularly receiving the recommended vaccines to limit the risk of severe illness caused by diseases and maintain their overall well-being.

“I think that for vaccination, a lot of it depends on the health status of the person that you're talking about and what their situation is, but the respiratory vaccines, in particular, have probably very high need.”

4.2 Age

As previously stated, age serves as a vulnerability factor for individuals. Therefore, to ensure equitable access to vaccinations for everyone vaccination programmes should encompass both younger and older who may have weaker immune systems. An example emerged emphasising the importance of including certain vaccines in childhood vaccination programmes.

“And then if you're going over the full life course, we should prioritise children and older adults. Basic childhood vaccines, including HPV and measles would be the ones that I would focus on.”

4.3 Location

The need for specific vaccinations may vary across different regions or nations due to a variety of reasons such as the prevalence of certain diseases in different areas or the healthcare priorities of those regions.

“Shingles vaccine is not available everywhere, it's not a priority everywhere, but where it is, that's something from a quality-of-life standpoint that's important.”

Specific locations may endure certain circumstances and consequently become at a higher risk of developing diseases. An example that emerged highlighted the occurrence of a cholera outbreak in Lebanon. The outbreak was triggered by a case originating from a Syrian refugee camp that crossed the borders into Lebanon. Thus, it is critical to prevent the spread of diseases from such locations that suffer from a lack of health and sanitation by being prepared and providing vaccines such as cholera vaccines.

“Nine months ago, we had a big cholera outbreak because we had Syrian refugees and one case crossed the border from Syria to Lebanon. It was in their camp and they went out of their camps, and it spread. So, at that moment, for instance, the Ministry of Public Health had made a national action towards cholera.”

4.4 Economic factors

Due to the economic situation of the country, governments may choose not to include specific vaccines in their vaccination programmes. For instance, in Lebanon, HPV vaccines are excluded from the government's vaccination

programme, as it is believed that the financial burden associated with them would negatively impact the country's economic status.

“Sometimes the economic situation of the country could lead to neglect of some important vaccines, such as the HPV vaccine. For instance in Lebanon, the Ministry of Public Health is refusing to include the HPV because they have made a study that shows that ovarian cancer is very, very low in Lebanon, so with this economic severe economic crisis, they will not put any money to include the HPV vaccine in our calendar, even though it is important not only for ovarian cancer but for many cancers.”

5 Role of pharmacists in serving at-risk populations

Participants discussed the different ways in which pharmacists can contribute to delivering vaccines to their communities and specifically to the vulnerable groups.

5.1 Awareness and education

Pharmacists hold a distinctive position as the most accessible healthcare providers to their communities, enabling them to engage in effective conversations with their patients regarding their overall health. With the additional attention required by vulnerable groups out of all population groups, pharmacists can actively contribute to ensure those groups are provided with adequate education and awareness regarding their health conditions.

“So, explaining the risks associated and the protection that vaccines can offer, that might not be obvious to people because people might not even connect flu with cardiovascular conditions, for example.”

A participant highlighted the importance of engaging in open and honest conversations with patients to get a better understanding of their beliefs and concerns. This approach enables pharmacists to determine the appropriate information and recommendations that should be provided to patients.

“We’re not just talking about vaccination, but we’re talking about preventive care. We’re talking about not just an individual, but we’re talking about what it really means for their family. These open and honest conversations provided a segue to being able to provide services that included screening that included vaccination, et cetera.”

Additionally, pharmacists can promote trust in vaccines, thereby enhancing vaccination uptake and acceptance among vulnerable groups by recommending suitable vaccines that offer optimal protection according to their health status and highlighting the importance of vaccinations based on their type of vulnerability.

“Educating a person who comes to the pharmacy to pick up their medication for a condition that clearly identifies him or her as someone who might have hypertension or might have a chronic respiratory condition for example. Pharmacists might use that opportunity to ask people about their vaccination status for the various vaccines that might be recommended for their specific situation.”

Pharmacists play a key role in raising awareness of patients with diverse vulnerability factors by educating them about the significance and benefits of vaccines that extend beyond disease prevention as well as the potential side effects of vaccines.

“When a pregnant individual visits the pharmacy, there is often a lack of full awareness regarding the recommended vaccines for their unique situation. Utilising these encounters as opportunities to provide guidance tailored to their specific needs is crucial. Advising on vaccines goes beyond immediate disease protection, encompassing considerations for conditions like flu, pneumococcal or RSV. It extends further to acknowledging the downstream effects of vaccination and how it may impact the exacerbation of underlying conditions, categorising them as a vulnerable group.”

Individuals belonging to different cultures can be classified as part of a vulnerable group. These individuals can have varying attitudes towards vaccination, leading to the formation of fears and misconceptions. It was highlighted that most pharmacists can contribute to addressing these concerns through their skill of multilingualism, enabling them to proficiently engage with patients from diverse linguistic backgrounds and educate them about vaccinations.

“I like to bring strategies of discussing that vaccine-preventable illnesses don’t stop even if we want to stop vaccination. So, this brings up a lot of communication issues as well with populations so [with] at-risk populations with language issues I find pharmacists have a huge role

to play because a lot of pharmacists speak another language and can reach patients better, we have more contact with them.”

5.2 Collaboration with other stakeholders

Collaboration among healthcare professionals, community organisations and other stakeholders is essential for the successful delivery of vaccines to all individuals, particularly at-risk groups. By joining efforts, these stakeholders can combine their expertise and resources to ensure equitable access to vaccine education and administration. When healthcare providers from different specialties collaborate, they bring their unique expertise, knowledge and skills to develop vaccination strategies that improve the vaccination process as well as empower their role throughout the entire process.

“You don’t have to always be the people that are putting the needle in people’s arms. I think we’re able to partner quite strategically with that cadre of worker and organisation about how we could uplift capacity and capability or to work in parallel with community health organisations to increase their capacity to deliver vaccination.”s

Furthermore, by engaging in partnerships, pharmacists have the ability to address the specific obstacles that arise within underserved communities, thereby tailoring approaches to improve the overall vaccination procedure.

“Community organisation is really the key. Vaccination campaigns should be tailored locally and pharmacists should regroup in organisations to discuss specific challenges in some communities that are less vaccinated.”

A participant emphasised the significance of involving pharmacists to enhance vaccination among vulnerable individuals in underserved communities.

“I know that FIP has been developing materials for low- and middle-income countries to learn more about vaccination. Educating and pulling the pharmacists involved in the whole conversation about vaccinations is also very important.”

Another participant gave an example of how pharmacists can get involved and benefit from the materials supplied by national councils in supporting community organisations, schools and other groups. This ensures that vaccination programmes are well executed and reach a larger population.

“Our national council in Spain sometimes develops materials that pharmacists can use to do presentations to local organisations, schools, etc. So, if national or regional organisations provided pharmacists with materials on vaccinations, it could be beneficial to use them with patients, organisations, local patients, organisations.”

Additionally, it was emphasised that pharmacists should have the opportunity to collaborate with educational institutions in their areas to ensure that all individuals in the community receive sufficient education and information regarding vaccination.

“It is very important for the pharmacists in the community to partner with the educational institutions in their areas to help because you need the human bodies to do all of this, to take the vaccines and the message to the community, whether it’s an older child or whatever the case might be.”

5.3 Reaching all parts of the community, including vulnerable groups

Pharmacists are uniquely positioned to take part in vaccination campaigns and to reach out to communities rather than communities reaching out to them.

“Being so vulnerable, it’s very important to go to do home vaccination because many times they’re very concerned to leave the safety of their homes and risk contracting something at the primary healthcare centre.”

As previously stated, collaborations offer better vaccination to all individuals. Collaborating and reaching out to the community will have a better impact on vaccinating at-risk individuals. A participant gave an example of a real-life vaccination campaign in which healthcare providers joined efforts together to enhance vaccine administration in the community.

“Yesterday, we actually went to a school for the polio campaign. So, you have your nurse there, you have your pharmacist there that people trust that you can talk to and so on, and then you have your students.”

An example emerged about the endeavours made during the COVID-19 pandemic to remove any barriers that might hinder individuals from accessing vaccines by delivering vaccinations to individuals in the community particularly at-risk groups, instead of requiring them to visit vaccination centres.

“In other countries during COVID one of the things that they found was they really needed to deliver medicines to the vulnerable population, and that was also an opportunity to educate both and provide more information around vaccines or in certain cases, so again, bringing the vaccinations to the doorstep rather than the other way around.”

6 "Reaching at-risk and vulnerable groups: Pharmacy's role in inclusive vaccination" - Digital event summary

FIP hosted a series of events "Advancing pharmacy practices in vaccination" following this insight board aimed at providing insights into three key topics to advance pharmacy-based vaccination services, namely, vaccine confidence, preparing for winter, and reaching at-risk and vulnerable groups. The third episode of the series "[Reaching at-risk and vulnerable groups: Pharmacy's role in inclusive vaccination](#)" focuses on at-risk or vulnerable groups, emphasising the importance of reaching and safeguarding these populations, and exploring ways in which pharmacies can play a crucial role in their vaccination.

The event aimed to empower pharmacy professionals to effectively serve at-risk and vulnerable populations by offering strategies and tools, highlight the pivotal role of pharmacies in protecting these groups and to provide pharmacy professionals with practical insights and examples to guide their efforts in improving the health outcomes of at-risk and vulnerable populations through vaccination initiatives.

The event was moderated by Jaime Acosta-Gómez, community pharmacist and pharmacy owner, Farmacia Acosta, Spain. The panellists at the event were Alexandre Chadi, pharmacist, Montreal University, Canada, Anna Sangster, director, policy, advocacy and innovation at the International Federation on Ageing, Canada, Jorge Schlotke, pharmacist, Confederacion Farmacèutica Argentina (COFA), Argentina, Leonila Ocampo, president, Asia Pacific Institute for Medication Management, Philippines, and Lily Parsey, head of policy and influencing at the International Longevity Centre, UK.

Mr Chadi discussed the concept of "at risk and vulnerable groups" in the context of vaccination. He emphasised that this term could have various interpretations, and individuals generally do not want to be labelled as "at risk". The concept involves underserved people who have low levels of care and are difficult to reach from a public health perspective. Various groups, such as those based on age, chronic conditions, immigration, and low socioeconomic status, can be associated with being at risk or vulnerable. It was noted that individuals with multiple risk factors are less likely to receive vaccines. Mr Chadi highlighted the importance of accessibility in reaching such patients, and he emphasised the role of pharmacists in making vaccination accessible and bridging the gap between access and primary care.

He also discussed the need for a more inclusive approach to vaccination, beyond just considering age and chronic conditions. He outlined the various roles that pharmacists can play in vaccination, including as facilitators, educators, documenters and immunisers. He pointed out that reaching underserved communities requires a tailored approach, and pharmacists, as the most trusted and accessible health professionals, can provide strong recommendations for vaccination, which is the most effective way to promote vaccination. He identified several barriers to reaching at-risk communities, including organisational, legal, financial and political barriers, as well as educational barriers related to vaccine training and the complexity of the vaccination task. He emphasised the need for collaborative efforts in vaccination, highlighting the strong role that pharmacists can play in local health organisations and communities. He stressed the importance of strong communication abilities, up-to-date knowledge on vaccines, and collaboration with local organisations in successfully reaching underserved communities. Finally, he advocated the integration of vaccination into all pharmacy activities, rather than treating it as a separate seasonal activity.

Ms Sangster presented a study addressing the impact of the COVID-19 pandemic on the ageing population in long-term care facilities (LTCFs) worldwide. Notably, 40% of global COVID-19-related deaths occurred in LTCFs due to communal living conditions, increasing the vulnerability of residents to respiratory and infectious diseases. The study, titled "Improving adult vaccination policy in long-term care settings", is pioneering, aiming to offer crucial baseline data for shaping technical guidelines and policy actions to safeguard the health of LTCF residents. It specifically focuses on adult immunisation policies concerning influenza, pertussis and pneumococcal pneumonia within LTCFs. Using a systematic approach, the methodology involved reviewing government websites, articles and national organisations across 19 countries selected from six WHO regions. The goal was to understand vaccination policies, particularly LTCF inclusion in federal aged care plans. Findings revealed that none of the reviewed countries had specific guidelines for immunisation in LTCFs within their national aged care plans. Moreover, the increased risk of vaccine preventable diseases (VPDs) in LTCF residents was inadequately addressed. National organisations examined in the study possessed well-established

networks, suggesting their potential to mobilise actions for policy decisions. Recommendations from the study addressed the absence of specific immunisation guidelines for LTCFs in national aged care plans. It urged governments to incorporate immunisation in LTCFs within regional and provincial/state aged care strategies, called for national immunisation technical advisory groups to recognise LTCF residents as a high-risk population for VPDs, and encouraged civil society organisations to advocate and champion vaccines for LTC residents.

Mr Schlottke emphasised the crucial role of pharmacists in Argentina, highlighting their authorisation to administer vaccines and injectables (excluding intravenous applications) within community pharmacies. COFA has been actively working towards acknowledging pharmacists as an integral part of the health system. Community pharmacies, extending beyond medicines dispensing, offer various services such as counselling, blood pressure monitoring and immunisation campaigns. Vaccination is a preventive health strategy that is highly effective in controlling and eradicating VPDs. Pharmacists actively contribute to vaccination records, particularly in older adults, through partnerships with retiree and pensioner institutes, impacting five million people across the country. The service provided by community pharmacies manifests three critical characteristics: (i) equity, ensuring accessibility for all at-risk individuals; (ii) solidarity, reducing risks for both the vaccinated and those in contact; and (iii) cost-effectiveness, with low-cost programmes delivering substantial benefits. To ensure the proper delivery of these services, COFA has devised a comprehensive guideline for effective vaccination and registration practices within the registry database. This protocol takes the form of a web platform, enabling community pharmacies to register, monitor their patients and utilise various other tools. Mr Schlottke highlighted that the success of the immunisation campaign in 2023 was evident, with nearly 4,000 registered services and over 611,000 vaccines administered. Each patient received a vaccination certificate before leaving the pharmacy. He emphasised the need to showcase the pharmacist's role as health agents through records and promotional efforts for recognition within society and by governments, ensuring the continual progress of pharmaceutical services in the present and future.

Ms Parsey outlined key insights and challenges in routine vaccinations for at-risk groups, focusing on eight conditions recommended for vaccination. While COVID-19 vaccine uptake among at-risk individuals was high, routine vaccines like flu and pneumococcal had lower rates, particularly in ethnic minority communities. Lily highlighted concerns about vaccine misinformation, with charities expressing worries about its spread through challenging channels like social media. Lily emphasised the need for targeted communication to address misinformation and improve awareness, especially among underserved communities. Personal barriers to vaccination, including fear of needles, time constraints, conflicts with lifestyle and faith beliefs, and age-related perceptions, were identified. Accessibility issues stemming from mobility barriers, appointment inflexibility and supply shortages were also noted.

Ms Parsey outlined three key strategies to boost routine vaccination in at-risk groups through pharmacies: tailored communication, community collaborations, and innovative solutions. She stressed the importance of targeted messaging, engaging community and faith leaders and forming cross-sector partnerships for effective information dissemination. She also proposed three potential opportunities for improvement in routine vaccination among at-risk groups. These included enhancing communication through tailored messaging, encouraging peer-to-peer communication, and increasing collaboration between pharmacies, charities and public health bodies.

Ms Ocampo emphasised the crucial role of pharmacists in advocating immunisation among at-risk and vulnerable groups to prevent VPDs. She identified three reasons for low vaccine uptake: lack of confidence, complacency, and lack of convenience. At-risk and vulnerable groups include healthcare workers, essential workers, patients needing ongoing healthcare, those with co-morbidities, people in crowded or unsanitary conditions and those in elderly care facilities. Pharmacists, according to Ms Ocampo, are vital in dispelling concerns about vaccines, improving vaccination rates, and acting as advocates and educators. She also outlined specific actions for pharmacists, such as enhancing knowledge on vaccine safety, educating patients about benefits and risks, and dispelling myths. The Philippine Pharmacist Association has fast-tracked training pharmacists as vaccinators to contribute to nationwide vaccination efforts.

The insights shared by the panelists emphasise the pivotal role of pharmacists in overcoming barriers and promoting accessibility for at-risk and vulnerable groups. The event underscored the imperative need for collaborative efforts, innovative strategies, and unwavering dedication to safeguard the health of at-risk and vulnerable populations through comprehensive immunisation initiatives.

7 Conclusion

In conclusion, the insight board discussions shed light on the successful strategies and considerations to enhance the delivery of vaccines, especially the important vaccines, to at-risk and vulnerable groups, as well as the barriers that hinder the vaccination process, and emphasised the crucial role pharmacists play to improve the vaccination process overall. Several key factors can contribute to the improvement of vaccination among at-risk and vulnerable groups. These include:

- Vulnerability identification and understanding how different types of vulnerabilities vary from one individual to the other;
- Effective communication;
- Literacy and raising awareness;
- Building trust; and
- Pharmacy education and training.

Barriers include:

- Access to vaccines;
- Vaccine hesitancy;
- Pharmacy education and training;
- Policy limitations and
- Lack of representation of at-risk and vulnerable populations.

Pharmacists' role in enhancing vaccinations can be empowered through sufficient education and training as well as effective collaboration with other healthcare providers and stakeholders. This enables them not only to improve the overall vaccination process but also ensures the well-being of at-risk and vulnerable groups.

8 References

1. World Health Organization (WHO). Immunization Agenda 2030: A Global Strategy To Leave No One Behind. 2020. [Internet]. [cited 2023 Nov 14]. Available from: <https://www.who.int/publications/m/item/immunization-agenda-2030-a-global-strategy-to-leave-no-one-behind>

International
Pharmaceutical
Federation

Fédération
Internationale
Pharmaceutique

Andries Bickerweg 5
2517 JP The Hague
The Netherlands

-
T +31 (0)70 302 19 70
F +31 (0)70 302 19 99
fip@fip.org

-
www.fip.org

01/2024 | Advancing pharmacy practices in vaccination: Reaching at-risk and vulnerable groups